

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 527 068

FILING DATE

APPLICANT(S)

**CLAIMS**

4-34	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	1		1			
5		(1)		1		
6		(1)		1		
7		(1)		1		
8		(1)		1		
9		(1)		1		
10		(1)		1		
11		(1)		1		
12	1		1			
13		(1)		1		
14		(1)		1		
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	12	←	17	←		←
TOTAL CLAIMS	15		20			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						